

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

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PLAINTIFF <b>Diane M. Dillon Phillip</b>	COURT CASE NUMBER <b>07C6461</b>
DEFENDANT <b>Thresholds Psychiatric Rehabilitation Center</b>	TYPE OF PROCESS <b>S/C</b>
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Thresholds Psychiatric Rehabilitation Centers</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>4101 N. Ravenswood, Chicago, IL 60613</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Diane M. Dillon Phillips  
2138 W. 114th Place  
Chicago, IL 60643**

Number of process to be served with this Form - 285	X
Number of parties to be served in this case	X
Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

**FILED***Jan 30, 2008**AM**JAN 30 2008 AM*

**MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		<b>01-15-08</b>

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process <b>1</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	TD Date <b>01-15-08</b>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Mary Azilotti Area Director</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service <i>01/30/08</i>	Time <i>10:10</i>
	am <input checked="" type="radio"/>	
	pm <input type="radio"/>	
	Signature of U.S. Marshal or Deputy <i>Michael W. Dobbins</i>	

Service Fee <b>96.00</b>	Total Mileage Charges (including endorsements) <b>0.80</b>	Forwarding Fee <b>0</b>	Total Charges <b>102.80</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>102.80</b>	Amount of Refund <b>0</b>
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REMARKS: *2 USM, 1 H, 14.04 miles*